

4630

FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained, insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 183	
County	Mauicopa	County Registered No.	9601
District	Mesa # 3.	Local Registrar's - No.	200
Town	Mesa	ORIGINAL CERTIFICATE OF DEATH	
Or City	Mesa	No. 3 1/2 in N.E. St.	
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
FULL NAME <u>Marguerite Eyring</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	DATE OF DEATH	
Female	White Indian	Aug. 13 / 1920	
	Black Chinese	(Month) (Day) (Year)	
	Mexican		
DATE OF BIRTH	SINGLE	I hereby certify that I attended deceased from 8-13	
Aug. 13 - 1920	MARRIED 5	1920, to 8-13-1920; that I last saw h. alive	
(Month) (Day) (Year)	WIDOWED	on 8-13-1920, and that death occurred on the date	
AGE	or DIVORCED	stated above at 10:45 M. The DISEASE or INJURY causing	
Nine mos. 10 days		death was as follows: <u>Non Closure of</u>	
hrs., or min		<u>Foramen Ovale</u>	
OCCUPATION		(Duration) <u>Baby's life time</u>	
(a) Trade, profession or particular kind of work		Was disease contracted in Arizona? <u>yes</u>	
(b) General nature of industry, business, or establishment in which employed or (employer)		If not, where? _____	
BIRTHPLACE		CONTRIBUTORY _____	
(State or Country) <u>Arizona</u>		(Duration) yrs. mos. days	
NAME OF FATHER		(Signed) <u>J.E. Drane Jr.</u>	
<u>Andrew T. Eyring</u>		8-13/1920 (Address) <u>Mesa, Ariz.</u>	
BIRTHPLACE OF FATHER		*In death from violent causes state (1) means of injury, and	
(State or Country) <u>Utah</u>		(2) whether Accidental, Sulcidal, or Homicidal.	
MAIDEN NAME OF MOTHER		LENGTH OF RESIDENCE	
<u>Edith Haws</u>		At place of death yrs. mos. ds. In Ariz. yrs. mos. ds.	
BIRTHPLACE OF MOTHER		Former or Usual Residence _____	
(State or Country) <u>Arizona</u>		Filed <u>8-13/1920</u> <u>J.E. Drane Jr.</u>	
The Above is True to the Best of My Knowledge.		Local Registrar.	
(Informant)		Filed <u>Sept 16 1920</u> <u>H. R. Larson</u>	
(Address) <u>Mesa</u>		County Registrar.	
PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL OR REMOVAL		
<u>Mesa Ariz.</u>	<u>Aug. 14 / 1920</u>		
UNDERTAKER	ADDRESS		